

JUVENILE ACCOUNTABILITY BLOCK GRANT (JABG)
APPLICATION FOR ONE-TIME FUNDS

SECTION I - APPLICANT INFORMATION

STATE OFFICE USE ONLY

App #:

Grant #:

Award:

APPLICANT AGENCY:			
Address		City, ZIP	
Project Director		E-mail	
Telephone		FAX	
Federal Employer ID Number		Has applicant agency registered with the System for Award Management (SAMS) database? <input type="checkbox"/> Yes	
DUNS NUMBER (attach copy with application)		(SAMS attached) <input type="checkbox"/> No	
IMPLEMENTING AGENCY:			
Contact		Email	
Address		City, ZIP	
Telephone		FAX	
FEDERAL FUNDS REQUESTED:		CASH MATCH:	TOTAL:

TYPE OF AGENCY: (check one) <input type="checkbox"/> State <input type="checkbox"/> City/Town <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other			
FUNCTION OF AGENCY:	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Probation	<input type="checkbox"/> Prosecution
	<input type="checkbox"/> Courts	<input type="checkbox"/> Social Services	<input type="checkbox"/> Youth Services
	<input type="checkbox"/> Public Defense	<input type="checkbox"/> Education	<input type="checkbox"/> Treatment/Mental Health
	<input type="checkbox"/> Treatment/Substance Abuse	<input type="checkbox"/> Other	Describe:

TYPE OF APPLICATION: <input type="checkbox"/> JABG Local Allocation <input type="checkbox"/> State Program Funds <input type="checkbox"/> Other _____
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PROJECT TITLE:	PROJECT DURATION: From _____ To _____
PROJECT DESCRIPTION (Limit to space provided):	

PURPOSE AREA:
PROJECT WILL BE USING RESEARCH OR EVIDENCE-BASED PROGRAMS OR ACTIVITIES: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the <u>NAME</u> and <u>SOURCE</u> where program information can be found:

SERVICE AREA:	U. S. Congressional District(s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Statewide
	Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Tribal <input type="checkbox"/> Urban <input type="checkbox"/>
Judicial District(s) (Identify by District Number):	
Cities and Counties to be served:	
IS THE JURISDICTION(S) TO BE SERVED IN COMPLIANCE WITH THE JJDP ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but working with KDOC Compliance Monitor.	KDOC USE ONLY- Jurisdiction Compliant with JJDP Act? _____

SECTION II - APPLICATION PROGRAM INFORMATION

1. PROJECT DESCRIPTION (Limit 2 ½ pages)

Describe in detail the project that will be supported with these funds. Include a description of services and activities to be provided through this project.

2. POPULATION TO BE SERVED (Limit ½ page)

A. Complete the Table provided to define the proposed target population.

Number of Juveniles Targeted to be Served								
	White/ Caucasian	Black/ African American	Hispanic/ Latino	Asian	American Indian/ Alaskan Native	Nat. Hawaiian/ Pacific Islander	Other/ Unknown	Total
Males								
Females								
Total								
Level of Juvenile Justice Involvement (select all that apply): <input type="checkbox"/> At-Risk (no prior offenses) <input type="checkbox"/> First Time Offenders <input type="checkbox"/> Repeat Offenders <input type="checkbox"/> Sex Offenders <input type="checkbox"/> Status Offenders <input type="checkbox"/> Violent Offender								
Age Range of Target Population:								
Percent of Total to be Served with Limited English Proficiency: %								

B. Provide a narrative description of the population to be served including age, gender, race/ethnicity and other characteristics of those the project is intending to serve and describe how gender/culture/language issues will be addressed.

3. GOALS AND OBJECTIVES (Limit 3 pages)

Place the Goals and Objectives for your project into the table below:

- a. Address each of the project's goals and objectives. Describe at a minimum the number of youth to be served, type of services to be provided, dosage and the target outcomes anticipated and what supporting documentation will be used.
- b. Describe the objectives that will be used to achieve each goal.
- c. Explain how you will determine your project has made progress.
- d. If Projects applying for funding received previous funding from other sources please provide a narrative/data overview of past progress emphasizing the impact made on the stated problem.

DEFINITIONS

Goals are broad statements that convey a project's overall intent to change, reduce, or eliminate the problem described. The goal is not in and of itself measurable.

Objectives describe in words what will be achieved and when in relation to each goal. Objectives are well-defined, specific, quantifiable statements that further define the goals and provide the means to measure program performance.

Activities are the specific tasks by which the objectives are achieved and programs are implemented.

Outcomes are the change or benefit the project expects to produce in the target population. Proposed **outcomes should be a change in behavior, attitude, skill and/or knowledge (BASK)**. Outcomes should be measurable and include the specific type of change or improvement that will occur; the number or percentage of individuals to be impacted; the expected magnitude, on average, of the expected change; and should include outcomes reflecting the number of clients to be served.

Outcome measures are the specific items of data that will be used to document the changes or benefits the project has realized.

Measurement tools are the instruments that will be used to collect data. Describe the specific measurement tool(s) you will use to collect data for each outcome.

Project Title:

Purpose Area:

GOAL 1:			
	SERVICES TO BE PROVIDED	OUTCOMES	OUTCOME MEASURE & MEASUREMENT TOOLS
OBJECTIVE 1.1:			
OBJECTIVE 1.2:			

GOAL 2:			
	SERVICES TO BE PROVIDED	OUTCOMES	OUTCOME MEASURE & MEASUREMENT TOOLS
OBJECTIVE 2.1:			
OBJECTIVE 2.2:			

GOAL 3:			
	SERVICES TO BE PROVIDED	OUTCOMES	OUTCOME MEASURE & MEASUREMENT TOOLS
OBJECTIVE 3.1:			
OBJECTIVE 3.2:			

4. SUSTAINABILITY (Limit ½ page)

Describe the steps you will take to diversify your funding sources, and/or incorporate this project into local funding sources indicating broad-based community support if project will continue beyond project period noted.

SECTION III – BUDGET

List by category, the project costs being requested in this application. See Application Instructions for proper category descriptions. Breakout the total of each row into the source of funding in the *Funding Source* columns.

ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.

Project Title:

Purpose Area:

1. PERSONNEL	(1) Annual Full-time Salary	(2) Annual Fringe Benefit Cost	(3) Sub-Total	(4) % of time for This Project	TOTAL	Funding Source	
						Fed \$	Cash Match
	+		=	X %	\$		
	+		=	X %	\$		
	+		=	X %	\$		
	+		=	X %	\$		
TOTAL PERSONNEL COST						\$	

2. SUPPLIES	TOTAL	Funding Source	
		Fed \$	Cash Match
	\$		
	\$		
	\$		
TOTAL SUPPLIES AND OPERATING COST		\$	

3. TRAVEL (Designate specifically in-state and out-of-state travel must be acceptable and have prior approval of Juvenile Justice Specialist and Fiscal Program Manager.)	TOTAL	Funding Source	
		Fed \$	Cash Match
	\$		
	\$		
TOTAL TRAVEL COST		\$	

4. EQUIPMENT	TOTAL	Funding Source	
		Fed \$	Cash Match
	\$		
TOTAL EQUIPMENT COST		\$	

5. CONTRACTED CONSULTANT AND PROFESSIONAL SERVICES Attach a copy of each contract with a detailed budget.	TOTAL	Funding Source	
		Fed \$	Cash Match
	\$		
	\$		
TOTAL CONTRACTED COST		\$	

6. TOTAL OF ALL PROJECT COSTS (1 through 5)	TOTAL	Funding Source			
		Fed \$	% of Total	Cash Match \$	% of Total
TOTAL COST	\$	\$	%	\$	%

2. BUDGET NARRATIVE: (Limit 3 pages)

Refer to instructions.

- a. Follow the same categories and line items as in the Budget Table.

Project Title:

Purpose Area:

3. TOTAL PROJECT FUNDING:

Will this project **BE FUNDED** using **ADDITIONAL FUNDS** other than those provided from this grant? ☐ YES ☐ NO

If yes, what percentage of the total project costs will be supported by these federal funds? ____%

List the type and amount of other funding that will be provided to this project.

Fund Type/Describe	Amount
Federal:	
State:	
County Government:	
Municipal Government:	
Private:	
Other – specify:	
TOTAL PROJECT COSTS	

4. FINANCIAL MANAGEMENT: Please complete the items below.

- A. Has a copy of your last independent audit or financial review been previously submitted to KDOC?
☐ YES ☐ NO

If YES, to which program and for what time period? _____.

If audit last provided to KDOC is older than one year, include one copy of the most recent audit or financial review, including any management report or other auditor comments in the appendix. Also, if there were findings, please attach the audit resolutions and/or corrective action plan.

- B. Does your agency expend over \$500,000 from combined federal sources in a year?
☐ YES ☐ NO If YES, attach a copy of the A-133 audit, including audit resolutions and/or corrective action plan.

- C. Please respond to the following questions about whether your accounting system meets the criteria for managing federal grant funds. *(These questions cover areas that will be monitored by KDOC staff during site visits or through other reporting mechanisms. They are not intended to be all inclusive and do not substitute for the agency's responsibility to meet all federal and state requirements for these grant funds.)*

- ☐ YES ☐ NO Does your accounting system separate ALL revenues and expenditures by funding source?
- ☐ YES ☐ NO Does your system track revenues and expenditures for each grant award separately through a sub-ledger system?
- ☐ YES ☐ NO Does your system allow expenditures to be classified by the broad budget categories listed in the approved budget in your grant, i.e. Personnel, Supplies and Operating, Travel, Equipment and Professional Services?
- ☐ YES ☐ NO Do you reconcile sub-ledgers to your general ledger at least monthly?
- ☐ YES ☐ NO Do you mark your invoices with the grant number?
- ☐ YES ☐ NO Do you maintain time sheets, signed by the employee and supervisor for each employee paid by KDOC grant funds?
- ☐ YES ☐ NO Do you have written financial policies and procedures in place?
- ☐ YES ☐ NO Do you have accounting internal controls in place, such as separation of duties, two signatures on certain checks, reconciliations or other reviews?

If you answered "No" to any questions above, please provide an explanation on an inserted page referencing Section V Item #4.

SECTION IV - CERTIFICATION OF MATCH

This **Certification of Appropriation of Match** form shall be completed by all agencies providing match.

Certification of Appropriation of Match

Date:

Kansas Department of Corrections
714 Jackson, Suite 300
Topeka, KS 66603-3722

To Whom It May Concern:

Please be advised that _____ has
committed support in the form of cash match in the amount of \$ _____ to match the State
of Kansas funds for the **Federal Juvenile Accountability Block Grant Program** for (Project Title
or Agency) _____.

Execution of this document represents a certification that said funds have been earmarked within
the appropriation of budget process for use as matching funds for this grant application.

Sincerely,

The individual authorized to commit these funds on behalf of the unit of local government or corporation. This individual is either the authorized official or appropriate controller of the matching funds.

Signature/Date

Typed Name and Title

Agency, Address

SECTION V - CERTIFICATIONS/SIGNATURES

These pages contain the required federal and state certified assurances and certifications (updated) necessary for the applicant to qualify for federal funding. **Read these carefully.** If you have any questions regarding these assurances, call KDOC. *These pages must accompany the completed application.*

VI - ATTACHMENTS

Attach the following applicable items behind the Signature page (Page 11 of the Special Provision and Certified Assurances pages) and label with the appropriate title:

- A. Organizational Chart** – Highlight any positions included in the budget personnel category.
- B. Job Descriptions** for the positions included in the budget personnel category.
- C. Memoranda of Understanding/Agreement or Letters of Commitment** – Refer to the Application Instructions and the specific program area to which this application is responding to determine if these are required. If so, attach and label.
- D. Copy of Privacy Certificate**, if applicable.
- E. Copy of SAM Registration.**
- F. Copy of last audit or formal financial review** – Supply only one copy of the last audit or formal financial review. However, if there were any management reports or other auditor comments, attach them to each copy of the application. It is not necessary to provide copies with each copy of the application.

NOTE: Applicants for federal funding are required to undergo an annual A-133 audit if \$750,000 or more is spent annually from any federal source. Applicants that spend less than \$750,000 in federal assistance must maintain records and internal controls sufficient for audit. KDOC requires all subgrantees, regardless of amount received, to submit a current formal financial review or audit report every year.

- G. Assurances and Certification** – Review, initial each page at the bottom where indicated, date and return with application.
- H. Signature Page** – Complete and return with application.